**Evidence of Quality Work**

From the Inside Out

- QTIP Providers
- QTIP Team Members
- QTIP Partners

**Acknowledgements**

**Evidence-based Data Sources**

- Primary Care Provider Survey - 2012/2013
- Level of Integration Measure - January 2013
- Quality Improvement - January 2013
- SCORxE Follow-up (ADHD/Asthma) - 2013
- Provider/QI Team Interviews — Spring 2013
- Core Measures (CY2010, CY2011, CY2012)

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**Why Quality improvement is Important**

Quality improvement has been defined as the combined and uncoasting efforts of everyone—healthcare professionals, patients and their families, researchers, payers, planners and educators—to make the changes that will lead to better patient outcomes (health), better system performance (care) and better professional development. Healthcare will realize its full potential when quality improvement becomes an intrinsic part of everyone’s job, every day, in all parts of the system.

(Source: Sackett & Davidson, 2007)

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**Huh??**

- "no idea"
- "no clue"
- "did not understand"
- "none"
- "not sure"
From "no idea" to... Clear QI Vision

• Prior to QTIP, most (89%) QI practices reported not having a well-defined process for quality improvement.
• Since QTIP, 94% of practices report an increased commitment to and priority in implementing QI.
• Most (69%) report the ability to initiate and sustain QI change.

Quality Improvement Defined...

"...looking to see what is the best care that is suggested and then modifying our practice to mirror that 'best practice' based on our resources...not just doing that once, but continuously doing that...while engaging all of the stakeholders, which could include everybody from...people that come in and clean the rooms at night through the everyday people walking through the door, raising the diet...all the patients that walk through, so...it's every member that has a stake in the practice."

QI Team Members

Quality Understood

[QIPI team members discussing the quality of care at their private pediatrician's office, where they only do children's regular care, with the care provided in the hospital.]

"...we love our relationships with our doctors...but they are not QTIP [doctors] and it's very obvious. They don't do the screenings that we do...I've never seen an MCHAT [cover did a post-partum depression screening with either of my patients]. And so, it's just interesting to look at our practice and say, 'We're considered the poor child care practice who just gives terrible care to the community.' And here we are, giving in our opinion, the best [mental care] in the entire community. And that is just...phenomenal.'

QTIP Team Members

Learning Collaborative and QI Commitment

• Opportunity for providers/QI team to interact, network, share, and learn from others.
• Opportunity for providers/QI team to continue to stay abreast of new recommendations/innovations in evidence-based care.
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Motivation

"I get to use it as a rub on my other doctor's little bit. There are things that I felt like we needed to do for a while that I incorporated into our initiatives that we were doing for QTIP. I basically said, 'We have to do this because of QTIP. I'm the bad guy, QI is the bad guy.'"

QTIP Provider

Opportunity

"to give you some other opportunities to do things that you've always thought you wanted to do and have not either had the time, desire, the leadership to get you into those places..."
Focus

*It helped me focus on, you know, something I’ve wanted for a while, but it helped me focus on actually getting it and then getting the support from [my practice].*

QTT Provider

Changes on the Inside:
Care Delivery and Systems Changes
(Selected Themes)

New office policies and procedures that have resulted in:
- Efficient provision of routine screenings;
- Increased numbers and types of routine screenings;
- Increased patient access, extended hours and more open access scheduling;
- Use of standard/ready to use tools & treatment protocols;
- Regular care of POSAs to shape quality improvement efforts;
- Standardized approaches to address quality issues.

Changes on the Inside:
Care Delivery and Systems Changes
(Second Theme)

- Increased referrals to address developmental delays;
- DD Screening increases based on CY16-0712, significantly above state average;
- Better asthma care/follow-up;
- Better ADHD care/follow-up;
- Better dental care (fluoride varnishing and referrals to dental home);
- Increased assessment of obesity/BMI;
- Better support to teens with behavioral health needs;
- Better support to mothers with post-partum depression;
- Increased adolescent well care visits:
  - Increased from CY16-0712, alone state avg.
  - Range in percentiles to 95th to 99th percentile;
- More involvement of families—more information availability of resources, increased patient education, etc.

Integrated Behavioral Health Care:
One Example of Commitment to QI Priority

"Behavioral health care may be coordinated with primary care, but the actual delivery of services may occur in different settings. As such, treatment (or the delivery of services) can be co-located (where behavioral health and primary care are provided in the same location) or integrated, which means that behavioral health and medical services are provided in one treatment plan. Integrated treatment plans can occur in co-location and/or in separate treatment locations aided by Web-based health information technology. Generally speaking, co-located care includes the elements of coordinated care, and integrated care includes the elements of both coordinated care and co-located care."

(Collins, et. al., 2010)

As a Group, QTT Practices Report

- Seeing value in integrated care (100%)
- Feeling that integrated care is worthy of an investment of practice time, energy, and resources (100% agree or strongly agree)
- Feeling that the lack of qualified behavioral health specialist in their area is a major problem (78%)
### Movement Towards Integrated Behavioral Health Care

Across the continuum of Integrated Behavioral Health Care in primary care, movement is occurring:
- 2 practices reported having a HIGH level of integration
- 2 practices reported having a MEDIUM level of integration
- 1 reported always having one treatment plan for both behavioral health and physical health
- No practice reported having BHS as part of the treatment team for shared patients

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### Movement Towards Integrated Behavioral Health Care: PCP Survey Results

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients examined</td>
<td>88%</td>
<td>88%</td>
</tr>
<tr>
<td>Patients screened</td>
<td>78%</td>
<td>78%</td>
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</tbody>
</table>

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### ENHANCED BEHAVIORAL HEALTH CARE: From the Inside Out – Representative Examples

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### Child

*The thing that stands out to me are the two or three kids that we caught by CHAT, but I would have personally missed. One child there is no way I would have saved. There are just the kids that I would have saved if I had been at the 16 month checkup.*

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### Adolescent

*I did the screening of an adolescent—age 16. I realized that he's not really depressed, but he just needs to be seen by a mental health provider. He's quite the outlier.*

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### Mom

*We picked up our first (positive screen) when the first five months we screened...*
**Community**

"Team members describe a visit to a community mental health center: just being able to tour their facility, speak with their directors, have them understand what our practice is like... just putting a name with the face and getting that direct contact with them [resulting in] they (and very clearly) said to us, ‘with the issues we were having with referring to them and understanding their process—that their whole process in and how we can get kids in quickly’

**QTIP Providers and Health Information Technology**

- Use of all-electronic EHRs to access patient medical records increased from 61% to 72%
- EHRs have been enhanced by modifications based on QTIP information—various screen changes, need for tracking patients and quality measures
- Challenges with HIT/HIE overall
  - EHR changes from one system to another system to another
  - EMR systems inability to track pediatric measures
- QTIP challenges in extracting the data for HIE

**Availability and Personal Use of Health Information Technology**

- Availability of technology vs. routine personal use of available technology
  - In general, providers report having more availability of health information technology than is personally used on a routine basis.
  - Overall, providers report that the availability of health information technology has stayed the same or slightly increased from 2012 to 2013.

### HIT Availability and Personal Use

<table>
<thead>
<tr>
<th>Service</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chart, Lab results, Treatment</td>
<td>82%</td>
<td>88%</td>
</tr>
<tr>
<td>Electronic Referral</td>
<td>75%</td>
<td>83%</td>
</tr>
<tr>
<td>Get patient's HIE</td>
<td>75%</td>
<td>7%</td>
</tr>
</tbody>
</table>

### Health Information Technology (continued)

<table>
<thead>
<tr>
<th>Service</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Order prescriptions</td>
<td>85%</td>
<td>75%</td>
</tr>
<tr>
<td>View results</td>
<td>99%</td>
<td>95%</td>
</tr>
</tbody>
</table>

### SCORxE Results: Movement to best practice

- Academic Detailing (SCORxE) ranked in the top two interventions that providers found most useful and would like to see continued.
- Evidence-based knowledge and skills
- Way to engage other providers in the practice
- 107 practitioners attended presentations on at least one topic
- 84 practitioners attended presentations on both ADHD and Asthma
- 177 responses to the follow-up surveys
### SCORxE Results: Movement to best practice

Providers "DO THIS MORE OFTEN" Since Academic Detailing Sessions

<table>
<thead>
<tr>
<th>Selected AITE Recommendations</th>
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<tbody>
<tr>
<td>- Support (90%) encourage a treatment plan that includes multiple modalities and approaches that are used together and individually</td>
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<tr>
<td>- Provider (30%) discuss the benefits and limitations of medications and behavioral therapy when used alone or in combination, and consider patient preferences and values when deciding on treatment plan</td>
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<tr>
<td>- 41% (90%) identify a priori areas where a family visit outcome goal (FVOG) or group visit outcome goal (GVOG) may be needed to address a patient's needs</td>
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<table>
<thead>
<tr>
<th>Selected ADHD Recommendations</th>
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<tbody>
<tr>
<td>- 49% (70%) discuss the benefits and limitations of medications and behavioral therapy when used alone or in combination, and consider patient preferences and values when deciding on treatment plan</td>
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<tr>
<td>- 41% (90%) include brief interventions that focus on behavior modification techniques and adaptive skills areas with planning documentation</td>
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<tr>
<td>- 41% (90%) follow-up monthly or quarterly with each new ADHD patient and each existing patient</td>
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### Initiating and Sustaining QI Change:
Themes on What Seems to Be Needed

- Commitment to QI by Practice Leadership (QI measure; Interviews)
- Understanding of Model of Improvement; use of PDSA (Interviews)
- Evidence that QI change positively impacts patient health outcomes (Interviews)
- HIT/HIE availability, personnel capability and personnel use (PCP Surveys; Interviews)
- Availability and use of quality reports (PCP Surveys; Interviews)
- Evidence-based knowledge and skills (Interviews; SCORxE Surveys)
- Better measurement/more focus between recommended health care standards and payment for recommended care standards (Interviews)
- More staff/more time to handle administrative tasks associated with quality improvement efforts; compensation for associated administrative tasks (Interviews)

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### Next Steps in Evaluation

- Distribute Core Measures and CAHPS to practices
- Finalize Analyses of Provider/Team Interviews
- Quantitative survey based on qualitative findings to aid in more robust assessment of QITIP practice change
- Ongoing integration of QITIP findings
- Sharing findings with QITIP practitioners, project leadership, SCDHHS and CMS-CHFRA-National Evaluation Team
- Filling the Clinician & Group Survey

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**"Quality begins on the inside—and then works its way out."**

Bob Maawad

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**Thank You**

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**Questions?**

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